

General Assembly Hospital Throughput Work Group Meeting Summary

Nov. 16, 2023

MHA convened the fifth General Assembly Hospital Throughput Work Group meeting, which focused on comparing Maryland hospitals' emergency department length of stay performance and policy to the nation. Work Group members were divided into smaller focus groups to discuss policy recommendations.

- Geoff Dougherty, deputy director of population health at the Health Services Cost Review Commission (HSCRC), provided a statistical analysis on Maryland hospital length of stay data and proposed low-cost, high impact, interventions for improvement. The analysis highlighted how Maryland hospitals tend to be larger and more complex than hospitals throughout the country. When comparing the Maryland hospital experience to like hospitals in the country, Maryland's ED wait times are relatively similar, however some improvements can be made. He said regional factors like population density cause delays in the Northeast. The presentation recommended continuing with EDDIE policy recommendation as well as quality-based reimbursement and multi-visit patient policies as recommendations for payment reform initiatives.
- Members are concerned about staffing needs and the financial restructuring needed to account for additional workforce costs. These pressures exist in long-term care settings as well as hospitals.
- While highlighting insurance impact on hospitals, members noted low reimbursement rates for ambulatory service centers, substandard Medicare Advantage plans, and three-day wait waiver limitations as insurance factors that restrict throughput.
- In-depth discussion on elective surgeries and hospital scheduling, which is based on considerations like the patient surgery success rate, staff, and physician availability. Members noted that surgery schedules are hospital specific, but hospitals experience similar challenges with scheduling.
- Members reiterated the need for increased hospital capacity and the inability for hospitals to function at full bed capacity because of staffing shortages.
- Questions were raised on the percentage of uncompensated care provided in emergency departments and the percentage of uninsured patients who visit emergency departments.

Next Steps

- The Work Group will meet Dec. 12 to review and discuss policy recommendations.